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COORDINATION, PROGRAMME AND OTHER QUESTIONS: JOINT AND CO-SPONSORED UNITED NATIONS PROGRAMME ON HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROME

Note by the Secretary-General

1. The Secretary-General has the honour to transmit to the Economic and Social Council the report of the Executive Director of the United Nations Joint and Co-sponsored Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), prepared pursuant to Council resolution 1996/47 (see annex).

2. The Secretary-General also takes this opportunity to inform the Council of action already taken, or proposed to be taken in the future, to implement provisions of resolution 1996/47 addressed to specific action to be taken by him or by the United Nations Secretariat.

3. It will be recalled that the Economic and Social Council, in its resolution 1996/47, called, inter alia, for the Secretary-General to play a greater advocacy role in regard to the serious threat posed by the spread of HIV/AIDS in order to raise global awareness and thus help to prevent the further spread and for the United Nations Secretariat to be fully and effectively involved in the fight against HIV/AIDS. In seeking to implement those requests, the Secretary-General intends to monitor the progress of the Programme on HIV/AIDS through the Administrative Committee on Coordination (ACC). He would also raise the relevant issues in his discussions concerning HIV/AIDS with leaders and in his statements, on appropriate occasions. The United Nations Secretariat has held consultations with representatives of the Programme and has established an interdepartmental working group to coordinate the support to be provided by the

* E/1997/100.

Secretariat to the Programme, particularly in the area of greater advocacy, and to study the socio-economic dimensions of the HIV/AIDS epidemic. This will entail the involvement of several Secretariat units from the areas of policy coordination, economic and social information and policy analysis, peacekeeping, human rights, communications and media services, and personnel and medical services.

4. The establishment of a United Nations focal point within the Department for Policy Coordination and Sustainable Development would provide for consistent and closer interaction between the Secretariat and the Programme. The Secretariat would follow closely and participate, whenever possible, in the work of the Programme Coordination Board, as an observer. In addition, the substantive and information support capacities in the Secretariat would be utilized more effectively by reflecting, in future reports prepared in the economic and social areas, the socio-economic implications of HIV/AIDS. The regional commissions would be more involved in this work, in order to provide regional perspectives of the problem. In order to raise global awareness, it is envisaged that the United Nations media services will collaborate closely with the Programme and assist in meeting its strategy for creating public awareness.

Annex

REPORT OF THE EXECUTIVE DIRECTOR OF THE JOINT AND CO-SPONSORED UNITED NATIONS PROGRAMME ON HUMAN IMMUNODEFICIENCY VIRUS/ ACQUIRED IMMUNODEFICIENCY SYNDROME

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INTRODUCTION

1. This report is submitted pursuant to Economic and Social Council resolution 1996/47 of 26 July 1996, in which the Council decided to review the operations and activities of the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome in alternate years, beginning in 1997. As requested in the resolution, this report of the Executive Director of the Programme has been prepared in collaboration with the relevant specialized agencies, the United Nations Secretariat and other organizations and bodies of the United Nations system, and is submitted through the Secretary-General to the 1997 substantive session of the Council.

2. The report focuses on the approach adopted by the United Nations system to respond to the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), gives illustrative examples of activities undertaken by the United Nations system, and presents challenges and opportunities facing the agencies, organizations and bodies of the United Nations system in responding to HIV/AIDS. It also indicates the action that the Secretary-General has already taken and proposes to take in the future to implement the provisions of resolution 1996/47. As per resolution 1996/47, a comprehensive report will be presented on a biennial basis to the Council, beginning in 1999, on the progress made in the response to HIV/AIDS and its impact on the countries affected.

I. STATUS OF THE HIV/AIDS EPIDEMIC

3. The HIV/AIDS epidemic continued to expand in 1996 with an estimated 3.1 million new infections - approximately 8,500 a day. Nearly half of the new infections occurred in women, and the majority of newly infected adults are under 25 years old. Of the estimated worldwide total of 22.6 million people living with HIV/AIDS, 21.8 million are adults and 830,000 are children. During 1996, HIV/AIDS-associated illnesses caused the death of an estimated 1.5 million people, including 350,000 children. This represents about 25 per cent of all HIV-related mortality since the beginning of the epidemic.

4. The global epidemic has been fuelled by a number of explosive regional epidemics. In Asia, for example, the Chinese Academy of Preventive Medicine has estimated that there were 10,000 HIV-infected persons in China as of the end of 1993, and that this total grew tenfold, to 100,000, by the end of 1995. During the same time period, HIV rates among certain groups of injecting drug users in Viet Nam climbed from 9 to 45 per cent, and in Bombay, India, over the past few years, HIV prevalence has reached 36 per cent in people seeking care for a sexually transmitted disease (STD), and 2.5 per cent in pregnant women attending clinics for antenatal care. New epidemics are also expanding at alarming rates in countries undergoing transition in Eastern Europe. In Ukraine, the number of newly reported HIV infections increased eightfold from 1995 to 1996 when 11,000 new cases were registered, most in injecting drug users. Similarly, disturbing trends have been observed in the Russian Federation.

5. In sub-Saharan Africa, over 14 million persons are living with HIV/AIDS today. Surveys in many countries continue to show that over 10 per cent of the

women attending antenatal clinics in urban areas are HIV-infected, with rates exceeding 40 per cent in some surveillance sites in southern Africa. Epidemics are also increasingly taking hold among women, adolescents and children in Latin America and the Caribbean. For example, HIV prevalence among pregnant women in the Dominican Republic reached 8 per cent in 1996, and recent studies in Haiti have shown even higher HIV rates among pregnant women aged 14-24. In Brazil, it is estimated that nearly 200,000 children have either already lost their mother to HIV-related infections or are children whose mothers are living with HIV/AIDS.

6. As a result of better medical management, including the increasing use of anti-retroviral combination therapy, mortality from HIV infection has decreased over the past year in several industrialized countries. Notwithstanding these successes, the situation remains troubling as younger generations confront the epidemic. In the United States and Western Europe, despite considerable success in prevention efforts over the past decade, HIV transmission through sexual intercourse and among injecting drug users continues. Furthermore, as progress is made in treatment, a new complacency in behaviour appears to be developing.

7. Although the introduction of antiretroviral combination therapy in 1996 was a major breakthrough in terms of treatment, regrettably, the cost makes the treatment unaffordable to 90 per cent of the people living with HIV/AIDS. Relatively inexpensive drugs for opportunistic illnesses do, however, exist, and much more could be done in terms of providing better access to those drugs, care and counselling. In the area of vaccine development, which is still underfunded both in academia and industry, there has been little real progress.

8. The impact of the epidemic on individuals, households, and society as a whole has been worsening. HIV/AIDS causes and exacerbates poverty, even in situations where communities, community-based organizations and non-governmental organizations provide assistance to families in distress. In the private sector, evidence has continued to accumulate that HIV/AIDS has a significant negative impact on productivity and the cost of labour - costs that more than justify implementing HIV-prevention activities in the workplace. Moreover, positive trends in life expectancy have been reversed. In 15 countries in sub-Saharan Africa, for instance, there is an estimated reduction of about 10 years in life expectancy by the year 2000, compared to projections before AIDS.

9. Although the epidemic has continued to worsen in many parts of the world, in an increasing number of developing country settings, prevention efforts appear to have reduced HIV transmission:

(a) HIV prevalence rates have remained relatively low (in the 2-5 per cent range) and more or less stable in the adult populations of several African cities (for example, Cotonou, Benin; Dakar, Senegal; Libreville, Gabon; and Yaoundé, Cameroon). Studies supported in the Programme on HIV/AIDS investigating the reasons for these low, stable, prevalences should contribute to more effective prevention approaches elsewhere;

(b) Between 1990-1993 and 1994-1995, HIV prevalence in pregnant women at some sentinel sites in urban Uganda diminished by 35 per cent in young women

aged 15-24. Surveys of these populations suggest that change in behaviour accounts for an important proportion of the reported declines;

(c) In a randomized study in the Mwanza region of the United Republic of Tanzania, a reduction of up to nearly 40 per cent in new HIV infections was achieved through the implementation of a comprehensive public health STD-prevention and care programme;

(d) In Thailand, HIV prevalence in military conscripts dropped from 3.6 per cent in 1993 to 2.5 per cent in 1995;

(e) A recent international study, supported by the World Health Organization (WHO), has shown that it is possible to prevent HIV among injecting drug users through the early and vigorous implementation of prevention activities, such as community outreach, demand reduction, methadone treatment and needle-and-syringe exchange programmes.

II. RESPONSE OF THE UNITED NATIONS SYSTEM TO THE EPIDEMIC

A. Strategic approach

1. Establishment, governance and purpose of UNAIDS

10. In an attempt to expand the response of the United Nations system to HIV/AIDS, the Economic and Social Council endorsed the establishment of a joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome in its resolution 1994/24 of 26 July 1994. The Programme, which became fully operational on 1 January 1996, serves as the main advocate for global action on HIV/AIDS, pooling the experiences, efforts and resources of its six co-sponsors: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank. The Programme is governed by a Programme Coordinating Board, with a rotating composition, as decided by the Council in decision 1995/223 of 5 May 1995. A Committee of Co-sponsoring Organizations (CCO), comprised of the executive heads of each co-sponsoring organization or their designated representatives, was established in September 1994 by the Council in resolution 1994/24, to serve as a forum in which the policies and strategies of the Programme on HIV/AIDS are considered on a regular basis by the co-sponsoring organizations.

11. As the main advocate for global action on HIV/AIDS, the Programme will lead, strengthen and support an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic. The strategic focus of the Programme is:

(a) To strengthen the capacity of the United Nations system, especially that of the co-sponsors, to assist Governments and civil society to respond to HIV/AIDS;

(b) To build worldwide political commitment and support to respond to HIV/AIDS;

(c) To improve the content, access and use of the body of knowledge needed to accelerate the global response to HIV/AIDS.

With input from the co-sponsors, a system to monitor and evaluate the work and effectiveness of the Programme is being developed. Performance monitoring and evaluation will be carried out on several levels - goods and services delivered by the Programme secretariat; action by the United Nations system at country and global levels; outcomes at the national level, particularly those related to expanded national responses and global HIV/AIDS goals, including status and trends in the epidemic.

2. Roles of agencies, organizations and bodies of the United Nations system

12. The co-sponsors of the Programme are the main instruments of the United Nations system for developing and implementing HIV/AIDS programmes and projects. In addition to specific HIV/AIDS activities, the co-sponsors are integrating - or mainstreaming - HIV/AIDS activities into programmes and programme areas. Other agencies, including the United Nations International Drug Control Programme (UNDCP), are also addressing HIV/AIDS within their overall framework for support and assistance. A key element in the global strategy of the United Nations High Commissioner for Refugees (UNHCR) is to ensure that HIV/AIDS services are an integral part of the basic health services provided to refugees and displaced populations. HIV/AIDS is addressed in the personnel policies of all the organizations in the United Nations system, and workshops and training courses are provided to increase awareness of staff to HIV/AIDS. Special HIV/AIDS-related training is also provided to United Nations peacekeepers.

13. Advocacy and public information by the Programme secretariat and co-sponsors are an important part of the overall strategic approach. These efforts aim at increasing the level of awareness of the global epidemic and building a sense of urgency regarding the need to mount an effective response to it worldwide. Part of the message has been that efforts to address the many challenges posed by the epidemic more effectively must increasingly take into account the social, political, economic, cultural, ethical and technological determinants of health and development. Many of the international and regional conferences and seminars on HIV/AIDS which are arranged by the United Nations system serve an advocacy function, while others relate more directly to the normative function of the work of the Programme and its partners.

3. Global, regional and country-level mechanisms

14. In responding to the epidemic, the Programme secretariat and co-sponsors are working together at the global, regional, intercountry and country levels. Mechanisms are being developed to facilitate sharing ideas and experiences, joint planning, division of roles and responsibilities, and effective coordination to ensure maximum impact. In order to respond effectively to

HIV/AIDS, it is necessary for the Programme secretariat and co-sponsors, specialized agencies, other organizations and bodies of the United Nations system to work together with Governments, bilateral agencies, non-governmental organizations and other civil society organizations, the private sector and the media. Developing and strengthening partnerships and undertaking joint activities is therefore an important part of the strategic approach of the Programme.

15. At the global level mechanisms for joint planning and cooperation among the co-sponsoring organizations include inter-agency working groups on several different issues, including global surveillance on HIV/AIDS and sexually transmitted diseases, communication, gender, children and HIV/AIDS, integrating HIV/STD prevention in the school setting, and especially vulnerable young people. The Inter-Agency Advisory Group on AIDS (IAAG), which has been in existence since 1988, continues to be an important forum for regular dialogue among the agencies and organizations of the system on substantive programme and personnel policy issues. At the regional level, mechanisms are being established to ensure the effective coordination of the regional and intercountry activities of the co-sponsors and the Programme secretariat.

16. As recommended by the Council and the Programme Coordinating Board, an appeal for supplemental funded activities was initiated to mobilize additional resources so that co-sponsors could strengthen their efforts at the global and regional levels to support expanding HIV/AIDS-related portfolios at the country level. Prior to being included in the appeal, and in order to clarify roles and harmonize programme approaches, the secretariat proposed activities are jointly reviewed and agreed upon by the co-sponsors and the Programme secretariat. However, the coordinated appeal prepared for 1996-1997 has been far from successful in mobilizing the essential resources needed.

17. At the country level, assistance is provided to strengthen national capacities to develop a more effective response to the many challenges posed by the epidemic to a broad range of development issues. Theme groups on HIV/AIDS are the primary instruments for coordinating the response of the United Nations system to the epidemic at the country level and for promoting more effective programming and collaborative actions in support of national responses. The work of the theme groups is supported by country programme advisers and focal points, who are drawn from among UNDP national programme officers for HIV and staff from other co-sponsoring organizations.

B. Financial and human resources

18. The exact level of financial support for HIV/AIDS activities provided by the different organizations in the United Nations system is difficult to estimate, since HIV/AIDS activities in many countries are an integral part of broader programmes and projects. Table 1 summarizes the estimated financial support provided by the Programme secretariat and co-sponsors for HIV/AIDS and related activities in 1996. The activities of the different organizations may, however, be rather different in nature, and expenditures may be recorded differently. World Bank assistance is primarily provided through loans, whereas assistance provided by the other organizations is in the form of grants. For

several reasons, therefore, the figures given below, which relate to the first full year of operations of the Programme are not directly comparable. They can, however, be used as baseline data against which to monitor levels of support and trends in resource flows.

Table 1. Estimated financial support provided by the Programme on HIV/AIDS and co-sponsors, for HIV/AIDS and related activities, 1996

Organization	Global/ regional level	Country-level	Total
Programme on HIV/AIDS	13 794 000	15 467 000	29 261 000
UNDP	2 100 000	30 500 000	32 600 000
UNICEF	6 900 000	18 000 000	24 900 000
UNFPA	1 000 000	19 500 000	20 500 000
WHO	2 203 000	9 355 000	11 558 000
UNESCO	3 045 000	1 000 000	4 045 000
World Bank	500 000	84 930 000	85 430 000

19. The figures in table 1 exclude staff costs and are based on data presented to the Programme Coordinating Board.[1] The amounts indicated for the Programme are estimates as at 15 February 1997. The figures given for UNDP include only UNDP's own funding for specific HIV/AIDS activities and do not include World Bank cost-sharing amounting to $34 million, or other expenditures for HIV/AIDS-related activities. UNICEF figures do not include general resources for regional activities and supplementary funding for country-level activities, for which figures were not available. The UNFPA figures are based on 1996 project allocation data since final expenditure figures were not available. The WHO figures do not include estimates related to mainstreaming of HIV/AIDS/STD into activities of a total of more than 20 programmes and divisions at headquarters and within regional offices. They also do not include the posts financed by the Programme at headquarters, the regional and country levels (seven Professionals), or regional office activities funded by the Programme ($2.06 million). Finally, they ignore the $360,000 WHO provided towards the Programme core budget in 1996.

20. Of the total of $84.93 million in loans for HIV/AIDS activities which were provided by the World Bank in 1995-1996, the single biggest recipients were Kenya ($40 million) and Indonesia ($24.8 million). Other countries which received loans for free-standing HIV/AIDS projects or projects with an HIV/AIDS component during the period were Benin, Bulgaria, Cameroon, Chad, China, Côte d'Ivoire, Georgia, Kyrgyzstan and Sierra Leone. Most of the World Bank financing was provided to countries for the development of strategies and the provision of services. In addition to the amounts given above, in 1996 the

World Bank provided $1 million towards the Programme core budget and $1.022 million to support regional initiatives (in South-East Asia and West Africa) outside the core budget.

21. At the Programme secretariat in Geneva, a total of 42 Professional and 34 General Service posts have been filled, which represents three quarters of the total number of approved posts. In addition, the Programme has 12 intercountry technical advisers and 37 country programme advisers working at the regional and country levels. One staff member each from UNICEF, UNDP, UNFPA and UNESCO, and the World Bank has been seconded to support the work of the Programme secretariat. At WHO headquarters three Professional and two General Service posts are allocated for HIV/AIDS. At the regional and country level, WHO has a total of 15 Professional posts and six General Service posts for HIV/AIDS activities. In 1996, UNDP had six Professional posts and six support staff posts for global HIV/AIDS-related activities, seven Professional posts and seven General Service staff for regional programmes in the field (sub-Saharan Africa, and Asia and Pacific) and 22 national programme officers for HIV in UNDP country offices. Within the United Nations Secretariat, there are no specific posts assigned exclusively for HIV/AIDS-related issues in support of the Programme. However, staffing resources from certain units of the Secretariat are utilized, in part, to address HIV-related issues in support of the Programme. In light of the call in resolution 1996/47 for greater involvement of the United Nations Secretariat in the fight against HIV/AIDS, it is envisaged that this support will increase.

C. Selected activities

1. Surveillance and research

22. A Working Group on Global Surveillance of HIV/AIDS and sexually transmitted diseases has been established by WHO and the Programme secretariat, and surveillance activities in WHO regional offices have been strengthened. The development of country-specific epidemiological fact sheets has been initiated to track key indicators on the status and trends of the epidemic so as better to understand the dynamics of the epidemic. These efforts will be reinforced by those of the Collegial Network for the Monitoring of the Status and Trends of the Global HIV/AIDS Epidemic (MAP Network), a collaborative effort undertaken by the secretariat, Harvard University and the AIDS Control and Prevention (AIDSCAP) Project of Family Health International. The Population Division of the United Nations Secretariat prepares world population estimates and projections, based on prevalence data and epidemiological models developed by WHO and the Programme secretariat, and data on the expected demographic impact of HIV/AIDS appear biennially in the United Nations publication, World Population Prospects, which is made available throughout the United Nations system and worldwide. With the support of UNESCO, two Centres for Biological Research on AIDS have been established, in France and in Côte d'Ivoire. Both Centres are part of a larger global network of institutions conducting research related to HIV/AIDS.

23. UNDP regularly undertakes research on the socio-economic causes and consequences of the epidemic. In 1996 a series of papers and a book was

produced on the economic and social aspects of the epidemic in Asia and the Pacific. Recent research undertaken by the World Bank analyses the epidemiology of HIV, public health insights into disease control, and economic issues, with a view to assessing trade-offs in the allocation of scarce resources and thus guiding policy decisions. The International Labour Office (ILO) has carried out specific research on the consequences of AIDS on manpower and labour supply and on social security schemes. Research and studies undertaken by the United Nations Secretariat on demographic, social and economic issues also have relevance for the response of Governments to HIV/AIDS issues. Some of them have highlighted the effects of the pandemic on productivity and economic growth and the effects of structural adjustment policies and reductions in levels of official development assistance in some developing countries on the capacity of those countries to contain the pandemic.

24. Assessments of the situation and dynamics of the epidemic in the countries of Eastern Europe have been carried out by the Programme secretariat and WHO in order to identify vulnerable populations and guide decision makers in the establishment of national HIV/AIDS prevention and control programmes. In several countries in Asia and the Pacific, UNDP has supported research on the socio-economic impact of HIV/AIDS. In high-risk border areas of China, Myanmar and Thailand, assessment of the HIV/AIDS situation have been carried out by the Economic and Social Commission for Asia and the Pacific (ESCAP), UNDCP and UNDP. A number of studies on the socio-economic effects of HIV/AIDS on agriculture have been undertaken by the Food and Agriculture Organization of the United Nations (FAO) and form the basis for their published material on the matter. The most recent studies on the subject of HIV/AIDS and agriculture, which focus on Burkina Faso and Côte d'Ivoire, were carried out by FAO with UNDP assistance. In Israel UNESCO supported a study with the Hadassah Medical Organization on HIV/AIDS and migrant populations.

25. In Uganda and Thailand, the Programme secretariat is coordinating research on behavioural changes so as better to comprehend the declining prevalence of HIV in those countries. Confirming the links between effective national AIDS programmes, safer behaviour, and a reduction in HIV transmission is expected to provide a better understanding of why some programmes are more effective than others. A multi-site study on the underlying factors determining the differential spread of HIV infection in African towns was recently launched in Benin, Cameroon, Kenya, and Zambia.

2. Information exchange, education and training

26. To facilitate and improve communication and information exchange between individuals or organizations working on HIV/AIDS, a number of electronic networks have been established. Programme intercountry teams facilitate the exchange of information through the development of networks operating within regions. Networks established for scientists cover the implications of HIV variability for transmission, pathogenesis, diagnostics, blood safety and vaccine development. UNDP-funded activities support a number of networks concerned with legal, ethical and human rights, people living with HIV/AIDS, and training and regional workshops. Support from UNICEF has been provided to strengthen regional networks to facilitate the exchange of information on

strategies for children and families affected by HIV/AIDS, life skills, HIV/AIDS school programmes, and best practices related to HIV/AIDS prevention.

27. UNESCO hosted a regional seminar on AIDS and education in Eastern and Southern Africa in 1995 to mobilize support for the integration of HIV/AIDS into school curricula. In the same year, UNESCO sponsored an international conference on school health education and HIV/AIDS prevention, which brought together representatives of teachers' organizations from 118 countries. Together with UNESCO, WHO arranged a workshop on school health education and HIV/STD prevention for the Latin American region in Costa Rica in 1996. In 1995, FAO arranged a workshop in Malaysia on AIDS and its implications for agricultural extension which was attended by representatives of agricultural ministries, training institutions, universities and non-governmental organizations. The United Nations Secretariat is monitoring national responses to the Copenhagen Declaration on Social Development[2] and the Beijing Declaration,[3] both of which call for national action relevant to education and prevention services, each concerned respectively with social and gender-sensitivity issues. The United Nations Secretariat will address these issues as part of its overall responsibility to coordinate the implementation of those conferences.

3. Advocacy and public information

28. Advocacy and public information by the Programme secretariat and co-sponsors has already changed public perceptions of HIV/AIDS in many countries, owing to events such as the Eleventh International Conference on AIDS, held in Vancouver in July 1996; the celebration of World AIDS Day and of World Population Day, which in 1996 was dedicated to the theme of HIV/AIDS; and the prominent featuring of HIV/AIDS at the World Economic Forum in Davos in February 1997. Public information campaigns, such as the one entitled "Working with new generations for a safer world", launched by the Programme secretariat and Rotary International, are also changing public opinion of the epidemic.

29. Other specific public information activities undertaken by the co-sponsors include the production and dissemination of pamphlets, posters, videos and post-cards, and the establishment of AIDS information and dissemination centres in selected UNESCO country offices. Efforts by the United Nations Secretariat to take on a greater advocacy role have been made within the context of specific themes such as human rights, women and gender issues. As a result, HIV/AIDS is now included in country analyses prepared for the Committee on Economic, Social and Cultural Rights and seen as part of the implementation of the Programme of Action of the World Summit for Social Development[4] and the Platform for Action of the Fourth World Conference on Women.[5] ILO has promoted HIV/AIDS awareness in the workplace, protection of the employment rights of people living with HIV/AIDS, and the health needs of workers who are occupationally exposed to HIV/AIDS.

30. During 1996, UNFPA supported HIV/AIDS prevention activities in a total of 124 countries in such activities as supply and distribution of condoms, preventive counselling, and training of reproductive health information and service providers. Other activities included in-school and out-of-school

educational activities, campaigns, exhibitions, distribution of materials and use of the mass media to promote HIV/AIDS awareness. Throughout 1996, the work of UNICEF in the area of HIV/AIDS focused on programmes to reduce transmission among women, children and young people; information and communication to promote informed and responsible behaviour; promotion of improved reproductive health services; protection of children from sexual exploitation; and, reduction of mother-to-child transmission.

31. UNDP support was provided to HIV and development workshops and other training activities in a large number of countries. UNESCO arranged two workshops, one in India and one in Nepal, on theme Women and AIDS: awareness and self-protection, and arranged for teacher training and curriculum adaptation and renewal activities in the Asia and Pacific region. UNDCP, together with ESCAP, developed and implemented a school and community-based information and media campaign for high-risk border areas of China, Myanmar and Thailand. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), together with the WHO regional office, developed an educational package consisting of a teachers' guide, student kit and video tapes to increase HIV/AIDS awareness in educational institutions and communities.

32. The United Nations Volunteers Programme (UNV) has started a project with UNDP and the Programme secretariat to support people living with HIV/AIDS in Malawi and Zambia. Under the project people who are infected by HIV or directly affected by AIDS are recruited as national volunteers to work in all aspects of HIV/AIDS prevention, care and support. In 1996 a total of 80 international or national United Nations Volunteers worked on HIV/AIDS-related activities, involving awareness-raising; information, education and communication; strengthening community networks and national AIDS control programmes. Other community-focused activities include support from UNICEF to children orphaned by AIDS and families affected by the epidemic and support from ESCAP and UNDCP to community-based reduction in the demand for drugs and HIV/AIDS prevention in Bangladesh, the Lao People's Democratic Republic, Viet Nam, China and Pakistan. As part of integrated community development projects, the International Fund for Agricultural Development (IFAD) has supported primary health care with an HIV/AIDS sensitization component in Kenya, Uganda and Rwanda.

4. Guidelines and publications

33. Guidelines on HIV/AIDS and human rights were a concrete outcome of the Second International Consultation on HIV/AIDS and Human Rights, which was convened jointly by the United Nations Centre for Human Rights and the Programme secretariat in September 1996, bringing together some 35 experts on human rights, HIV/AIDS and public health. The guidelines underscore that human rights are critical in reducing vulnerability to HIV and that the more human rights are protected, the less people become infected with HIV and the better those who become infected can cope with HIV/AIDS. UNHCR, WHO and the Programme secretariat, through the Inter-Agency Advisory Group on AIDS (IAAG), have produced guidelines for HIV interventions in emergency settings. In addition, a field manual on reproductive health in emergency situations was produced and widely distributed. A booklet entitled "How to protect yourself against

HIV/AIDS" was published by the Department of Peacekeeping Operations, United Nations Secretariat.

34. Policy guidance on various options for infant-feeding to prevent the transmission of HIV through breast milk has been developed jointly by WHO, UNICEF and the Programme secretariat. WHO has recently produced a detailed set of modules on STD case management for health professionals at the local level. English, French, Spanish, Portuguese, Russian and Arabic versions have been, or are being, produced. WHO and UNESCO have jointly developed and disseminated a resource package for curriculum planners on school health education to prevent AIDS and STD and a brochure entitled "HIV/AIDS/STD: education for prevention", which is available in English, French and Spanish. The collaboration between FAO and UNDP related to HIV/AIDS has resulted in two publications: "The effects of HIV/AIDS on farming systems in Eastern Africa" and "What has AIDS to do with agriculture?"

35. Within UNDP, a number of publications have been produced - general issues papers, study papers and working papers on HIV/AIDS and papers and books with a specific regional focus. One of the 1996 publications explored approaches aiming at developing a better understanding of the epidemic and more effective responses in the context of socio-economic development. UNFPA produces an annual report, AIDS Update; the 1996 issue was recently released.

36. Within the Programme secretariat, considerable attention has been given to compiling and sharing international best practices, which are collections of specific topics of strategic importance to the global response to the epidemic. Each of the approximately 50 best practice collections has five components which are regularly updated: technical updates for managers of HIV/AIDS programmes and projects; points of view, which target a wider audience, including journalists; case studies with detailed examples of successful approaches and interventions in specific countries or communities; slides and overhead materials for speeches and presentations; and other printed or audio-visual materials representing up-to-date thinking on the topic. The work of the Programme secretariat in this regard is complemented by that of the co-sponsors, particularly UNICEF's efforts to distil and promote best practice experiences on strategies for families and children affected by HIV/AIDS and on behavioural changes to prevent HIV/AIDS.

5. Capacity-building and policy advice

37. Throughout the United Nations system, efforts have focused on strengthening national capacities to respond to the HIV/AIDS epidemic. In most countries inter-agency cooperation is improving and the United Nations agencies and organizations are increasingly working together with governmental programmes and non-governmental organizations. A primary objective, indeed, has become to strengthen the capacities not only of Governments but also of civil society organizations - e.g.,non-governmental organizations, community-based organizations, and networks of people living with HIV/AIDS and networks concerned with ethical, legal and human rights.

38. To coordinate United Nations system support, the theme groups on HIV/AIDS have emerged as the main vehicles. As at the end of January 1997, 126 theme groups had been established, covering 150 countries. In a majority of the countries, the theme group chairperson has been the WHO representative. Increasingly, chairpersons are now from UNDP, with the balance divided among UNICEF, UNFPA and the World Bank. To support the work of the theme groups, 37 UNAIDS country programme advisers have been identified and put in place. In addition, 24 UNAIDS focal points have been nominated by the theme groups in countries where it has not been possible to place a country programme adviser. The majority of the Programme focal points are from UNDP (including UNV), with the remainder from WHO, UNFPA and UNICEF. Administrative support to the work of the theme groups has mainly been provided by UNDP and WHO.

39. Support to strategic planning and the development of a comprehensive and integrated national response has been provided by the theme groups in Bangladesh, Belarus, Botswana, Cambodia, Ghana, the Lao People's Democratic Republic, Malawi, Myanmar, Namibia, Nepal, Poland and Uganda. Since 1994 in Bangladesh, the Lao People's Democratic Republic, China, Pakistan and Viet Nam, ESCAP and UNDCP have also supported the development and implementation of national strategies for community-based drug demand reduction and HIV/AIDS prevention.

40. Specialized agencies have also played an important role by including HIV/AIDS in their work. The United Nations Industrial Development Organization (UNIDO), for instance, has worked in Nigeria to promote appropriate policy options and support for the creation of relevant service industries such as the maintenance industries which are needed to keep HIV/AIDS prevention and control programmes going. With the financial support of UNDP, UNIDO has also assessed the possibilities of initiating or increasing local production of relevant health system contributions in sub-Saharan Africa. The purpose is to improve the accessibility and affordability of HIV-test kits, condoms, syringes and other products used in prevention programmes, information, education and communication technologies, and pharmaceuticals used for treatment.

III. CHALLENGES AND OPPORTUNITIES

A. Supporting an expanded response to the epidemic

41. Joint efforts to mobilize an expanded global response to the epidemic will face old and new challenges. One old challenge is the continuing denial of the epidemic which exists even in heavily affected countries, the more so in those countries that will face enormous consequences once the virus gets ahead of the response. A second challenge is to deal with the new complacency that is eroding the urgency of the response as news about successful treatments dominate media coverage - treatments which are, however, still experimental and unlikely to be available to the overwhelming majority of those who will need them for decades to come. A third challenge is the failure in many places to accept the evidence that HIV prevention works and that the knowledge, tools and strategies required to prevent HIV infection are available and cost-effective and can be adapted to suit local conditions and circumstances.

42. In many countries, HIV/AIDS continues to be perceived and treated exclusively as a health, or even medical, problem, although there are now good examples of country responses expanding beyond the health sector - e.g., in Thailand, Uganda and Zambia. It is becoming increasingly evident that successful AIDS programmes are those that have broadened their focus from one of short-term risk reduction only to one that encompasses both short- and longer-term vulnerability reduction and emphasizes access to care and impact alleviation. As a consequence, the Programme and its partners will need to promote a combination of approaches which focus on reducing individual risk while simultaneously advocating policy options that can change the social environments that foster the transmission of HIV and the neglect of those affected by AIDS. Continued and sufficient attention needs to be given to the economic, political and social causes and consequences of HIV/AIDS and to circumstances which increase the risk of HIV transmission, such as migration and emergency situations.

43. Advocacy, the sharing of successful multisectoral approaches, political dialogue and the promotion of national strategic planning provide opportunities to broaden the approach from one that focuses on changing individual behaviour to one that deals with how societies treat vulnerable, infected and affected individuals. Efforts must increasingly involve political, business, union, religious, sports, entertainment and community leaders and organizations for the institutional and public policy changes that will enable a broad societal response. A key goal of these efforts must be to promote an environment that allows for greater involvement of people living with HIV/AIDS throughout the policy and programme development processes.

44. Though much experience has been accumulated over the past 15 years, in many settings the response to the epidemic remains insufficiently based on evidence. Programmes and strategies are not easily transferable from one economic, social or cultural situation to another, and improved monitoring and evaluation are necessary in order to accelerate learning about what works under which circumstances. Insufficient documentation of positive experiences may lead to the rejection of effective interventions or continued investment in ineffective interventions. Thus, responses based on evidence need to be promoted, through documentation and research on the effectiveness of interventions and policies and on the obstacles that impede their acceptance.

45. The development of a vaccine against HIV infection must remain a global priority of the first order. Research and development efforts in scientific institutions and in industry should be intensified so as to develop an effective vaccine and the other essential technological tools required to control the epidemic. The Programme secretariat and co-sponsors will need to continue to promote the critical goal of equity in the development of an international research agenda and in the testing of, and timely access to, its products. Since HIV vaccine efficacy trials in humans are likely to begin in the near future, the Programme has an important role to play in helping ensure that they are conducted in accordance with the highest scientific and ethical standards.

46. With the advent of effective - but expensive and complicated - combination therapy for people living with HIV/AIDS, access to care is becoming a major issue in the developing world, where the number of HIV-infected individuals

continues to grow rapidly. Whereas the Programme secretariat and co-sponsors cannot directly provide the resources required to supply anti-retroviral and other drugs, the comparative strength of the co-sponsors needs to be mobilized to develop procurement systems and to leverage international economies of scale to improve access to drugs, including relatively inexpensive ones to treat opportunistic infections. At the same time intensified efforts are needed to provide access to other forms of care and counselling and to strengthen the capacities of communities, community-based organizations and non-governmental organizations to continue supporting the needs of those who are infected or affected by HIV/AIDS.

B. Expanding the response of the United Nations system

47. HIV/AIDS has brought numerous controversial societal and programmatic issues to the forefront, such as those surrounding HIV testing and the infant-feeding decisions faced by infected women with HIV. The United Nations system, with its historic basis in protecting and promoting human rights, is uniquely placed to provide guidance on such difficult issues. To boost the efforts of the system and to give HIV/AIDS the necessary visibility within it as well as outside, special campaigns around the designated themes for World AIDS Day - Children and HIV/AIDS (1997), and Young people and HIV/AIDS (1998) - have been or will be launched.

48. To achieve an expanded response by the United Nations system to the epidemic will require a deeper understanding and more common perception of the issues at the core of the epidemic among the various agencies and their staff. A biennial report on the Programme, to be issued in 1998, on "the state of the world's response to HIV/AIDS" is expected to play an important role in reaching a more common understanding of the key technical, ethical and policy issues surrounding the epidemic. This will be a necessary precondition for the United Nations system to develop explicit HIV/AIDS-related goals to which it can hold itself accountable. This common understanding will also be required if the United Nations system is to be able to offer support, in turn, to countries in their efforts to develop realistic goals. Such country-based goals can challenge both national capacities to achieve what they are able to and the international community to do what it must do to assist them in their efforts.

49. The agencies of the United Nations system together represent a unique and potentially powerful resource in the global response to HIV/AIDS, capable of facilitating policy dialogue and advocacy, providing normative guidance, and leveraging both innovation and development funding. To assist countries effectively in their expanding response to a still growing epidemic, relevant parts of the United Nations system will increasingly need to incorporate HIV/AIDS issues and activities into their programmes, projects and activities. At the country level, the theme groups on HIV/AIDS will need to be better integrated into the resident coordinator system in order to be able to facilitate and catalyse an expanded response. Making the theme groups truly operational is a major responsibility which will continue to challenge the co-sponsors and the Programme secretariat, and will require long-term political, managerial, and financial commitment.

C. Strengthening co-sponsorship

50. As a joint and co-sponsored programme, the Programme aims at strengthening the capacity of the United Nations system, particularly that of the co-sponsors, to assist Governments and civil society to respond to HIV/AIDS. While the Programme and the co-sponsors have different mandates and operational structures, the challenge is to draw upon the special strengths and capacities of the partners in ways that create synergistic outcomes.

51. Much progress has been made on agreeing on each co-sponsor's area of responsibility and comparative advantage through the coordinated appeal process, the inter-agency working groups and ongoing discussions among co-sponsors and the Programme secretariat. Similarly, although improving communication with and among the numerous programmes, offices, regional bureaux, offices and teams of the Programme co-sponsors and secretariat remains a challenge, there has been progress in this area as well. Scope for continued improved collaboration still exists, but the majority of the harmonization and coordination issues to be resolved do not require new processes or mechanisms. Rather, an increased commitment is required on the part of the Programme secretariat and the co-sponsors to make more effective use of the mechanisms that have been established - inter alia, the Committee of Co-sponsoring Organizations, the coordinated appeal, and inter-agency working group processes.

52. In some countries, the theme groups are developing new and innovative ways of bringing together the Untied Nations system in more effective support of the national response. While issues such as greater administrative support to theme groups and country programme advisers still need to be resolved, in general the co-sponsors are demonstrating a willingness to work together effectively at the country level and to develop mechanisms for joint programming and collaborative activities. In the future, it would empower the Programme and the theme groups to work more actively through the United Nations resident coordinator system and draw upon the resources available for the purpose, in order to improve further the coordination of the response to HIV/AIDS of the United Nations system at country level. Even if procedures and planning cycles among the co-sponsors vary, some countries have now demonstrated that integrating the HIV/AIDS programme efforts of several co-sponsors is feasible.

D. Strengthening governance and partnerships

53. The success or failure of the Programme will be measured not only by the performance of its Secretariat, but also by the support of the United Nations system to an expanded response and by the continued political and financial commitment of Governments and the donor community to a longer-term perspective on the epidemic. Two issues will need to be at the heart of the efforts of the Programme in order to strengthen the response of the United Nations system to the epidemic: partnerships and governance. The Programme secretariat is committed to doing its part to develop and strergthen partnerships within and outside the United Nations system and to enable the Economic and Social Council to fulfil its role in ensuring effective coordination with the co-sponsors and their respective governing bodies.

54. At its fourth meeting (Geneva, 7-9 April 1997), the Programme Coordinating Board endorsed the proposed programme budget and workplan for the Programme for the 1998-1999 biennium. The success of the Programme will be critically dependent on substantially increased resources to support HIV/AIDS activities in those countries most affected or threatened by the epidemic. Expanding the response of the United Nations system will only be possible if co-sponsor resources for HIV/AIDS at country, regional and global levels are increased. While several co-sponsors have been able to increase their budgets and all are endeavouring to do more, it is clear that as the epidemic grows and regular programme funds remain stagnant, or are reduced, additional resources will be required. While the Programme secretariat can advocate for, and provide the analysis to support, increased and more effective HIV/AIDS expenditures on the part of the co-sponsors, it is the members of the Programme Coordinating Board and the Economic and Social Council, who also serve on the governing bodies of the agencies and organizations of the United Nations system and in decision-making roles within donor agencies, who are best placed to reinforce an HIV/AIDS priority.

55. In addition to this important role of the Council, individual members may also contribute to an expanded global response to the epidemic by influencing the policies of the countries and institutions that they individually represent, by mobilizing public opinion and political will on various aspects of the HIV epidemic. HIV/AIDS is only occasionally on the development agenda. It is one of the ambitions of the Programme to strengthen the position of HIV/AIDS on the agenda of national Governments, of regional political and development bodies, bilateral and multilateral development agencies, and the international financial institutions.

56. While the first full year of operations of the Programme has been challenging and while initial expectations may have been too high, there have been significant achievements. However, the work to end the pain and suffering of the epidemic has barely begun. Notwithstanding the technological breakthroughs which may take place in the coming years, a sense of realism, urgency and determination is needed, as is a vision that only through a long-term commitment of political will and a doubling and redoubling of efforts will the epidemic first slow down and eventually be contained and defeated. HIV/AIDS is a global problem that the United Nations system is uniquely well placed to address. The Programme looks forward to receiving the continued guidance of the Economic and Social Council on how it can best mobilize an expanded response of the United Nations system and its partners to HIV/AIDS.

Notes

[1] UNAIDS/PCB(4)97.6 of 10 March 1997; UNAIDS/PCB(4)/INF.DOC, of 30 April 1997.

[2] See Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995 (United Nations publication, Sales No. 96.IV.8), chap. I, resolution 1, annex I.

[3] See Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (United Nations publication, Sales No. 96.IV.13), chap. I, resolution 1, annex I.

[4] See Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995 (United Nations publication, Sales No. 96.IV.8), chap. I, resolution 1, annex II.

[5] See Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (United Nations publication, Sales No. 96.IV.13), chap. I, resolution 1, annex II.